

MARVIN J. SOUTHARD, D.S.W.

Director

ROBIN KAY, Ph.D.

Chief Deputy Director

RODERICK SHANER, M.D.

Medical Director



BOARD OF SUPERVISORS

GLORIA MOLINA  
MARK RIDLEY-THOMAS  
ZEV YAROSLAVSKY  
DON KNABE  
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4684

Fax: (213) 381-7092

December 15, 2011

**REQUEST FOR INFORMATION #DMH/DHS121511B1  
SKILLED NURSING FACILITY BEDS  
WITH PSYCHIATRIC AND MEDICAL SERVICES  
FOR ADULTS (AGES 18 TO 64)**

Dear Prospective Contractor:

The County of Los Angeles Departments of Mental Health (DMH) and Health Services (DHS) are jointly issuing this Request for Information (RFI), #DMH/DHS121511B1, with the accompanying RFI Questionnaire, to elicit responses from interested Skilled Nursing Facility (SNF) entities who have the experience and capability to provide SNF Special Treatment Program (STP) and medical services to mentally and medically ill individuals who are discharged from County Hospitals.

DMH and DHS have determined that it is in the best interest of the residents of Los Angeles County to transition mentally and/or medically ill individuals who no longer need acute medical or psychiatric care, but who still require health and/or mental health services, to a SNF medical facility with a state STP certification, which operates in compliance with California Code of Regulations, Title 22, Chapter 3, Sections 72000 et seq.

The intended responders to this inquiry are SNF operators who have at least 60 licensed beds and are capable of configuring their facilities to dedicate a maximum of 49% beds to an STP that will serve mentally ill residents in a secure (locked) unit, while reserving a minimum of 51% beds for residents with medical needs. The SNF STP mental health services should be based on a treatment model in keeping with DMH's mission of hope, wellness and recovery. Responders should be linguistically and culturally diverse and have established relationships with broad-based community services such as law enforcement agencies, health care professionals/facilities, self-help and/or faith-based organizations.

The accompanying RFI Questionnaire is for information purposes only; it does not constitute a Request For Proposals (RFP) or an offer of a contract. Further, some of the questions are designed to understand the services that are available. A "no" answer to such questions will not exclude an entity from further consideration in any contracting process that may result from this RFI. Using the responses to this RFI, DMH and DHS may take one of the following actions: (1) issue a solicitation to select

*"To Enrich Lives Through Effective And Caring Service"*

contractors to provide SNF STP services to target mentally and medically ill individuals who are 18 to 64 years of age; (2) contract by negotiation with a contractor with the required qualifications and required capability, or (3) take no further action at this time.

DMH will accept completed RFI Questionnaires on a continuous basis beginning Thursday, **December 15, 2011** through Friday, **January 13, 2012**.

Completed RFI Questionnaires (see attached) should be submitted to:

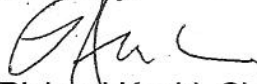
Richard Kushi, Chief  
Contracts Development and Administration  
Los Angeles County Department of Mental Health  
550 South Vermont Avenue, Fifth Floor, Room 500  
Los Angeles, CA 90020

Facsimile (fax) or electronic mail (e-mail) copies of the RFI Questionnaires will not be accepted. It is the sole responsibility of each entity to ensure that the completed Questionnaire is delivered to the person and address above NO LATER THAN:

**Friday, January 13, 2012, 5:00 P.M., P.S.T.**

If you have any questions, please contact Mary Marx at (323) 226-4744 or email her at [mmarx@dmh.lacounty.gov](mailto:mmarx@dmh.lacounty.gov).

Sincerely,



Richard Kushi, Chief  
Contracts Development and Administration Division

RK:TB:MM:cc

Attachment

c: Robin Kay, Ph.D.  
Tony Beliz, Ph.D.  
Mary Marx  
Carol Meyer  
Kathy Hanks  
Stephanie J. Reagan, County Counsel  
Sharon Reichman, County Counsel  
Anita Lee, County Counsel



**COUNTY OF LOS ANGELES  
DEPARTMENTS OF MENTAL HEALTH AND HEALTH SERVICES**

**REQUEST FOR INFORMATION (RFI) #DMH/DHS121511B1  
SKILLED NURSING FACILITY (SNF) BEDS WITH PSYCHIATRIC AND MEDICAL SERVICES  
FOR ADULTS (AGES 18 TO 64)**

**RFI QUESTIONNAIRE  
(This is not a Solicitation)**

<b>DATE:</b>	
<b>ENTITY NAME:</b>	<b>PHONE NUMBER:</b>
<b>ENTITY ADDRESS:</b>	
<b>CONTACT PERSON'S NAME:</b>	<b>PHONE NUMBER:</b>
<b>CONTACT PERSON'S EMAIL:</b>	

Entity Information		Yes	No
1	(a) Does your entity operate one or more licensed SNF(s) in the County of Los Angeles? (b) Is/are your licensed SNF(s) in good standing as defined in Title XXII of the California Code of Regulations, Section 72000 et seq.?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your entity have the capability and interest to become a Special Treatment Program (STP) certified by the State Department of Mental Health (SDMH)? <b>Attach license(s) and verification of good standing for site(s) intended for this program.</b>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does your entity have the willingness and ability to implement the certified STP within 60 days of the awarding of the contract, assuming that the STP can be certified within that period of time?	<input type="checkbox"/>	<input type="checkbox"/>
4	Does your entity have the ability to provide separate units for medical and psychiatric residents?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does your entity have a bed capacity of at least 60 licensed beds and is it able to develop and maintain a <u>bed management plan</u> for medically and mentally ill residents as described above?	<input type="checkbox"/>	<input type="checkbox"/>
6	Does your entity have the capability to dedicate up to a maximum of 49% licensed SNF beds (minimum 29 beds), for an STP that will serve mentally ill residents in a secure (locked) unit?	<input type="checkbox"/>	<input type="checkbox"/>
7	Does your entity have the capacity to provide at least 51% SNF beds (minimum 31 beds), dedicated to medically ill residents?	<input type="checkbox"/>	<input type="checkbox"/>
8	Does your entity have experience working with interagency partners such as probation, the judicial system, Social Security Administration, and the Office of the Public Guardian?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is your entity Medicare and Medi-Cal certified? (If "Yes" provide verification.)	<input type="checkbox"/>	<input type="checkbox"/>
Target Population		Yes	No
10	Does your entity have capability and experience in providing SNF services to persons between the ages of 18-64?	<input type="checkbox"/>	<input type="checkbox"/>
11	Does your entity have the ability to provide, directly, or through linkage, a rehabilitative program for chronically ill residents that is recovery oriented and specifically addresses self-help skills, medication management, behavior management, interpersonal relationships, money management, substance abuse, vocational readiness, and community reintegration?	<input type="checkbox"/>	<input type="checkbox"/>
12	Does your entity have experience in teaching community living skills and providing non-clinical support services?	<input type="checkbox"/>	<input type="checkbox"/>
13	Does your entity provide residents transportation services to appointments in the community?	<input type="checkbox"/>	<input type="checkbox"/>
14	Can your entity demonstrate that it has a multi-lingual, culturally sensitive staff? <b>If yes, attach a description of language capability.</b>	<input type="checkbox"/>	<input type="checkbox"/>
15	Does your entity provide services to assist residents in establishing benefits such as Supplemental Security Income and Medi-Cal eligibility?	<input type="checkbox"/>	<input type="checkbox"/>



**COUNTY OF LOS ANGELES  
DEPARTMENTS OF MENTAL HEALTH AND HEALTH SERVICES**

**REQUEST FOR INFORMATION (RFI) #DMH/DHS121511B1  
SKILLED NURSING FACILITY (SNF) BEDS WITH PSYCHIATRIC AND MEDICAL SERVICES  
FOR ADULTS (AGES 18 TO 64)**

**RFI QUESTIONNAIRE  
(This is not a Solicitation)**

<b>Program Capability – Mentally Ill Residents</b>		<b>Yes</b>	<b>No</b>
16	Does your entity have experience in providing SNF services to severely and persistently mentally ill residents?	<input type="checkbox"/>	<input type="checkbox"/>
17	Does your entity have the ability and experience to link residents with outpatient mental health treatment programs?	<input type="checkbox"/>	<input type="checkbox"/>
18	Does your entity have a 24/7 crisis and emergency response plan for residents who are mentally ill?	<input type="checkbox"/>	<input type="checkbox"/>
19	Does your entity have a relationship with a physician(s) to provide services for mentally ill (STP) patients?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Program Capability – Medically Ill Residents</b>		<b>Yes</b>	<b>No</b>
20	Does your entity have a relationship with a physician(s) to provide services for medically ill residents?	<input type="checkbox"/>	<input type="checkbox"/>
21	<p><i>For Informational Purposes Only. The below services are not mandatory but desirable.</i></p> <p>Does your entity have the capability and/or staffing to provide residents with the following services?</p> <p>A. Rehabilitative Skilled Nursing Care (Level II)</p> <p>1) One (1) or two (2) hour(s) per day rehabilitative services up to five (5) days per week:</p> <p>Occupational Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>Physical Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>Speech Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>Respiratory Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>2) Pain management: Oral and up to a maximum of three (3) IV push pain medications per day or monitoring of a patient self-administered pain pump..... <input type="checkbox"/> <input type="checkbox"/></p> <p>3) Wound care, including uncomplicated management of Stage III-IV decubitus..... <input type="checkbox"/> <input type="checkbox"/></p> <p>4) Daily whirlpool baths (for therapeutic reasons)..... <input type="checkbox"/> <input type="checkbox"/></p> <p>5) IV line maintenance pushes and up to three (3) IV push drugs per day to include hydration..... <input type="checkbox"/> <input type="checkbox"/></p> <p>6) Enteral feeding and supplies..... <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Extensive Skilled Nursing (Level III)</p> <p>1) Two (2) to three (3) hours per day of rehabilitative services up to five (5) days per week:</p> <p>Occupational Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>Physical Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>Speech Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>Respiratory Therapy..... <input type="checkbox"/> <input type="checkbox"/></p> <p>2) Higher acuity nursing intervention..... <input type="checkbox"/> <input type="checkbox"/></p> <p>3) Isolation services..... <input type="checkbox"/> <input type="checkbox"/></p> <p>4) Wound care: Stage III-IV decubitus, requiring debridement or wound suction..... <input type="checkbox"/> <input type="checkbox"/></p> <p>5) PICC line insertion and service..... <input type="checkbox"/> <input type="checkbox"/></p> <p>6) Chemotherapy administration..... <input type="checkbox"/> <input type="checkbox"/></p> <p>7) AIDS care..... <input type="checkbox"/> <input type="checkbox"/></p> <p>8) Administration of all IV drugs via any type of venous access device (excludes IV..... <input type="checkbox"/> <input type="checkbox"/></p>		

**COUNTY OF LOS ANGELES  
DEPARTMENTS OF MENTAL HEALTH AND HEALTH SERVICES**

**REQUEST FOR INFORMATION (RFI) #DMH/DHS121511B1  
SKILLED NURSING FACILITY (SNF) BEDS WITH PSYCHIATRIC AND MEDICAL SERVICES  
FOR ADULTS (AGES 18 TO 64)**

**RFI QUESTIONNAIRE  
(This is not a Solicitation)**

	hydration which is included in Level I)		
	C. In-house dialysis	<input type="checkbox"/>	<input type="checkbox"/>
<b>SNF Experience</b>		<b>Yes</b>	<b>No</b>
22	Can your entity demonstrate a minimum of five (5) years recent experience in providing skilled nursing services in a medical facility?	<input type="checkbox"/>	<input type="checkbox"/>
23	Can your entity demonstrate a minimum of five (5) years recent experience in providing psychiatric treatment services to severely mentally ill residents in a skilled nursing facility?	<input type="checkbox"/>	<input type="checkbox"/>
24	Can your entity demonstrate a minimum of three (3) years experience collaborating with broad-based community services (e.g. law enforcement agencies, health care professionals/facilities, self-help or faith-based organizations, other Los Angeles County departments)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Viability</b>		<b>Yes</b>	<b>No</b>
25	Has your entity operated with a deficit within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
26	Has your entity become insolvent in any of the last three years?	<input type="checkbox"/>	<input type="checkbox"/>

☐ I hereby acknowledge that the foregoing response to this Request For Information Questionnaire is truthful and accurate.

Submitted by:

\_\_\_\_\_  
(Print Name of authorized official)

\_\_\_\_\_  
(Signature of authorized official and Date)